PTO/SB/22 (10-04) (12-04)

Approved for use through 7/31/2006. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005				Docket Number (Optional) WIL-118US				
	(Fees pursuant	to the Consolidated Appropriat	ions Act, 2005 (H.R. 4	1818))				
Apr	olication Numbe	r 10/665,748			Filed September 18	3, 2003		
For	ADJUSTABLE E	BODY SUPPORT SYSTEM						
	Art Unit 3673				Examiner Frederick C. Conley			
арр	This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.							
The	The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):							
			Fee	Small En	ntity Fee			
	One month	(37 CFR 1.17(a)(1))	\$120	\$6	60	\$		
Ø	Two months	(37 CFR 1.17(a)(2))	\$450	\$22	25	\$ <u>225</u>		
	Three months	(37 CFR 1.17(a)(3))	\$1020	\$5 <i>*</i>	10	\$		
	Four months	(37 CFR 1.17(a)(4))	\$1590	\$79	95	\$		
	Five months	(37 CFR 1.17(a)(5))	\$2160	\$10	80	\$		
\boxtimes	Applicant claim	ns small entity status. See 3	37 CFR 1.27.					
\boxtimes	A check in the amount of the fee is enclosed.							
	Payment by cre	edit card. Form PTO-2038 i	s attached.					
	The Director has already been authorized to charge fees in this application to a Deposit Account.							
\boxtimes		hereby authorized to charg nt Number <u>18-0350</u> . I have				payment, to		
	WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.							
	I am the 🔲	applicant/inventor.						
		assignee of record of the en Statement under 37 CFR 3.						
ı		attorney or agent of record.	Registration Numb	er: <u>41,712</u> .				
		attorney or agent under 37 (Registration number if aetin						
	10 8	\sim			0			
7	1	Signature			March 8, 2005 Date	 		
		Rex A. Donnelly						
_		ped or Printed Name		Te	(302) 778-2500 elephone Number			
		the inventors or assignees of record	of the entire interest or t	heir representati	ive(s) are required. Submit	multiple forms if more		
_	one signature is req Total of 1 forms ar							

This collection of information is required by 37 CFR 1.136(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 6 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. **SEND TO:** Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

03/14/2005 CCHAU1 00000051 10665748

225.00 OP

PTO/SB/17 (12-04v2) (AW 1/2005)

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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 120804. FEE TRANSMITTAL For FY 2005 Applicant claims small entity status. See 37 CFR 1.27 Applicant claims small entity status. See 37 CFR 1.27 TOTAL AMOUNT OF PAYMENT (S) 650 Altorney Docket No. Will-118US METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identity): Deposit Account Number: 18-0350 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES Small Entity Application Type Fee (\$)
Filing Date September 16, 2003 First Named Inventor First Name
Applicant claims small entity status. See 37 CFR 1.27 Examiner Name Frederick C. Conley
Art Unit 3673 TOTAL AMOUNT OF PAYMENT (\$) 650 Attorney Docket No. WIL-118US METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify):
TOTAL AMOUNT OF PAYMENT Solid Solid Solid Attorney Docket No. Wil-118US
METHOD OF PAYMENT (check all that apply) Check
Check
Deposit Account Deposit Account Deposit Account Number: 18-0350 Deposit Account Name: RatnerPrestia
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee
Charge fee(s) indicated below
Charge any additional fee(s) or underpayment of fee(s)
under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. FEE CALCULATION FILING FEES SEARCH FEES EXAMINATION FEES Small Entity Small Entity Small Entity Small Entity Small Entity Small Entity Fee (\$) Fee Paid (\$) Application Type Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee Paid (\$) Fee (\$) Fee Paid (\$) Fee P
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FILING FEES SEARCH FEES EXAMINATION FEES Small Entity Sm
Small Entity Small Entity Small Entity
Application Type
Utility 300 150 500 250 200 100
Design 200 100 100 50 130 65
Plant 200 100 300 150 160 80
Reissue 300 150 500 250 600 300
Provisional 200 100 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
2. EXCESS CLAIM FEES Fee Description Each claim over 20 (including Reissues) Each independent claims over 3 (including Reissues) Multiple dependent claims Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims Fee (\$) Fee Paid (\$)
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Each independent claim over 3 (including Reissues) Multiple dependent claims Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims 54 - 20 or HP = 9 x 25 = 225 Fee (\$) HP = highest number of total claims paid for, if greater than 20 Indep. Claims Fee (\$) Fee Paid (\$) Fee Paid (\$) Fee Paid (\$) Fee Paid (\$)
Multiple dependent claims Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims 54 - 20 or HP = 9 x 25 = 225 Fee (\$) Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20 Indep. Claims Total Claims Extra Claims Fee (\$) Fee Paid (\$) Fee Paid (\$) Total Claims Fee (\$) Fee Paid (\$)
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54 - 20 or HP = 9 x 25 = 225 Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20 Indep. Claims Fee (\$) Fee Paid (\$) 7 - 3 or HP = 2 x 100 = 200
HP = highest number of total claims paid for, if greater than 20 Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) 7 -3 or HP = 2 x 100 = 200
Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) 7 - 3 or HP = 2 x 100 = 200
7 -3 or HP = 2 x 100 = 200
3. APPLICATION SIZE FEE
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)),
the application size fee due is \$250 (\$125 for small entity) for each 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) 100 = /50 = (round up to a whole number) x =
100 = / 50 = (round up to a whole number) x =
4. OTHER FEE(S) Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surpharms): 2-Month Extension of Time
Other (e.g., late filing surcharge): 2-Month Extension of Time SUBMITTED BY Complete (if applicable)
Signature Registration No. Attorney/Agent) 41,712 Telephone (302) 778-2500
Name (Print/Type) Rex A Donnelly Date March 8, 2005

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